

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9	1						59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17		1					67								
18	1						68								
19		1					69								
20		1					70								
21		3					71								
22		3					72								
23		3					73								
24		3					74								
25		3					75								
26	1						76								
27	1	1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36	1						86								
37		1					87								
38		2					88								
39		1					89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6						TOTAL IND.								
TOTAL DEP.	44						TOTAL DEP.								
TOTAL CLAIMS	50						TOTAL CLAIMS								